

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594507

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4	1		1				
5	1		1				
6	1		1				
7	1		1				
8	2		1				
9			1				
10			1				
11	1		1				
12	1		1				
13	1		1				
14	1		1				
15	1		1				
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49							
50							
TOTAL IND.	4		6				
TOTAL DEP.	18	←	14	←	←		
TOTAL CLAIMS	22		20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←	←	←
TOTAL CLAIMS							